

# KENTUCKY PEER SPECIALIST TRAINING

## SHORT-ESSAY FORM

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. You may use a dictionary. This is not a test about right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Peer Specialist in the Commonwealth of Kentucky. Peer Specialists assist consumers they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper.

**This short-essay form must be filled out by the applicant in the applicant's own handwriting.**  
**Typed Short-essay forms will be returned.**

1. Why do you want to become a Peer Specialist (PS)?

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2. Why do you think it is important for Peer Specialists to tell their recovery stories?

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3. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

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4. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

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5. What makes you a good candidate to work with other consumers in the mental health field?

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6. What does recovery mean to you?

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7. What were some of the important factors in your own recovery?

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8. What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

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9. Is there anything else you would like us to know in considering you for the Peer Specialist training?

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**Proceed to Page 3 to complete your Short-essay form.**

**Please sign your initials to only those that apply:**

\_\_\_\_\_ I completed this short-essay form on my own.

\_\_\_\_\_ I completed High School and hold a High School Diploma.

\_\_\_\_\_ I completed my GED coursework and hold my GED Certificate.

\_\_\_\_\_ I can supply documentation of my High School Diploma or GED Certificate.

\_\_\_\_\_ It has been at least one year since I was diagnosed with a Mental Illness.

\_\_\_\_\_ I have a primary diagnosis of Mental Illness (MI). The Kentucky Peer Specialist (KPS) Program accepts persons who have a primary diagnosis of MI and a secondary diagnosis of Substance Abuse/Addictive Disease.

\_\_\_\_\_ I understand that Kentucky Peer Specialists work from the perspective of their own lived experience with mental illness and recovery. I agree to be open about the fact that I have been diagnosed with a mental illness. I understand that in doing so I help educate others about the reality of recovery.

\_\_\_\_\_ **YES**, I agree to disclose my history with mental illness and recovery in keeping with the values of Kentucky Peer Specialists.

\_\_\_\_\_ **NO**, I do not want to disclose my history with mental illness and recovery at this time.

\_\_\_\_\_ I understand that the Kentucky Peer Specialist Training is not a job placement program and completion of the training does NOT guarantee that I will be hired as a KPS.

\_\_\_\_\_ I am requesting a waiver for the thirty (30) hours training in accordance with section 5 of this administrative regulation. Enclosed is the required documentation for the waiver.

**Your signature** \_\_\_\_\_

Please also ***print*** your name \_\_\_\_\_

If you have additional questions, please call 502-564-4456 or 800-374-9146.

You will receive **Confirmation/Receipt of Information that we have received this Short-essay form and Application within 6-10 business days**. If you do not, please contact the Kentucky Peer Specialist Coordinator immediately at one of the phone numbers above. It may mean we did not receive all or part of your application packet and may be unable to contact you.

Please fax or mail your **Application Packet** (Application and Short-essay form) to:

Kentucky Peer Specialist Coordinator,

Fax # 502-564-9010

or

Kentucky Peer Specialist Coordinator,

Division for Mental Health and Substance Abuse

Department for Mental Health, Developmental Disabilities and Addiction Services

100 Fair Oaks Lane 4<sup>th</sup>

Frankfort, Kentucky 40261